

1. The first step is to identify the problem. This involves understanding the current situation and the goals that need to be achieved.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT OR TYPE)

Date of Application _____

Position(s) Applied for _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In
 ☐ Employment Agency ☐ Other _____

Name		
Last	First	Middle

Address				
Number	Street	City	State	Zip
123	456	789	1011	1213

Telephone _____ Social Security Number _____ - _____

Are you a citizen? _____ Yes _____ No If naturalized, state date & place _____

E-mail Address _____

Spouse's Name _____ Number of dependents at home _____

Are you over the age of 18? ☐ Yes ☐ No

Have you filed an application here before? _____ Yes _____ No If yes, give date _____

Have you ever been employed here before? _____ Yes _____ No If yes, give date _____

Are you employed now? Yes No May we contact present employer? Yes No

Do you possess a valid driver's license? Yes No If yes, what class?

Are you available to work _____ Full-Time _____ Part-Time _____ Shift Work _____ Temporary

Are you on a lay-off and subject to recall? Yes No

On what date would you be available for work? _____

Can you travel if a job requires it? Yes No

Have you been convicted of a crime within the last 7 years? ☐ Yes ☐ No

If yes, please explain _____

Name and address of person to be notified in case of emergency

AN EQUAL OPPORTUNITY EMPLOYER

Veteran of the U.S. Military service? ____ Yes ____ No If yes, Branch _____

Are you able to perform the duties of this job with or without a reasonable accommodation?
____ Yes ____ No

If you need an accommodation, please explain _____

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? ____ Yes ____ No

If yes, please indicate: _____

Indicate what foreign languages you speak, read, and/or write.

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held (exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers. Exclude references from persons with a religious affiliation.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment, qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment, qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual ____ Disabled Veteran ____ Vietnam Era Veteran ____

Signed _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.
Exclude organizations names which indicate race, color, religion, sex or national origin.

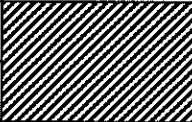
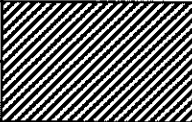
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From	To							
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If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience: _____

EDUCATION

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the County.

Signature of Applicant _____

Date _____

For Personnel Department Use Only	
Arrange Interview _____ Yes _____ No	
Employed _____ Yes _____ No	Interviewer _____ Date _____
Job Title _____	Hourly Rate/Salary _____ Department _____
By _____	Date _____
Name and Title _____	